GOLD TRAIL UNION SCHOOL DISTRICT ACCIDENT REPORT

DISTRICT: Gold T	rail Union School Dist	rict	sc	CHOOL:				
NAME:			_ DATE OF BI	RTH	AGE:	GRAD	E:	
HOME ADDRESS:_					PH	ONE:		
DATE OF INJURY:_	TIME OF	INJURY:	_ DID INJURY	RESULT FROM VIC	DLENCE OR AG	GRESSION:	YESNO	
WAS FIRST AID GIV	/EN?YES	_ NO BY WHO)M?					
DESCRIBE FIRST A	ID PROVIDED:							
IS INJURED COVER	RED BY INSURANCE	E?YES	NO BY	WHOM?				
WAS THERE A VIOL	LATION OF A SCHO	OL RULE BY INJU	RED OR ANY	ONE ELSE?	YESNO			
WAS ACCIDENT DU	JE TO FAULTY APP	ARATUS OR MATE	ERIAL?	_YESNO				
WHO ELSE WAS IN	VOLVED BESIDES	INJURED PARTY?	ANOTHE	ER STUDENT OL	JTSIDE PERSOI	N	NO ONE	
WITNESSES (ADDR	RESS & PHONE NUM	MBERS IF AVAILA	3LE): EMPLC	YEE IN CHARGE (A	DDRESS & PHO	NE NUMBE	RS IF AVAILABLE)	
						NATURE	EINHIDV	
INJURY L (Please C	OCATION Circle)		BODY PART (Please Circle)			NATURE OF INJURY (Please Circle)		
Athletic Field/Court	I aiking Lot	Side	of Body:		Bite/Sting		Foreign Body	
Auditorium Bathroom	Playground	Ankle	Foot	Mouth	Bleeding		Fracture Possible	
Classroom	Pool Ouad	Arm Back	Groin	Neck	Bruise Burn		Internal	
Corridor	Science Lab	Chest	Hand	Nose	Chemical		Nausea	
Gymnasium	Shop Lab	Ear	Head	Ribs Shoulder		- Ton 1	No Visible Injury Puncture	
Locker Room	Sidewalk	Elbow	Hip Internal	Stomach	Concussion		Pain	
Lunch Area	Stairs	Eye	Knee	Tooth	Cut		Redness	
Library	Weight Room	Face	Leg	Wrist	Dislocation		Sprain/Strain	
Off Campus		Finger	•		Dizziness		Swelling	
Other (Specify)		Other (Specif	y)		Other (Spe	ecify):		
CAUSE OI	F INJURY	SPORT	SPORTS/RECREATION ACTIVITY			PLAYGROUND EQUIPMENT		
(Please Circle)			(Please Ci			(Please Circle)		
Animal/Insect	Hand Tool	Baseball		Softball	_		´	
Another Student	Pole	Basketball		Tennis	Bars		Slide	
Building	Power Tool	Cheerleading		Tetherball	Climbing	g Equipment	Sliding Pole	
Chemicals	Self	Dance		Track & Field	Merry-G	o-Round	Swings	
Classroom Materials	Sports Equipment	Dodgeball Football		Volleyball Water Sports	Multi-Us		See Saw	
Fence/Gate	Surface	Gymnastics		Weights	Rings			
Food/Drink	Thrown Object	Soccer		Wrestling	Rock Wa	all		
Furniture	Vehicle	Other (Specif	<i>v</i>)·	Wiesting	Other (S ₁	pecify):		
Other (Specify):	, , , , , , , , , , , , , , , , , , , ,							
BRIEFLY DESCRIBE	E HOW INJURY OCC	URRED:						
WERE PARENTS CO	NTACTED (IF APPLI	CABLE)? YES	NO DES	SCRIBE THEIR REAC	TION:			
WAS SUFFERER:COMMENTS: (ATTA				KEN TO HOSPITAL $_{_}$	_ OTHER (SPEC	IFY)		
REPORT COMPLETED BY:			TITLE:		DATE:	TE:PHONE:		
DDINCIDAL'S SIGNA	TUDE							